

# Exhibit 2

May 28, 2020

Sabrina B. Duncan  
[REDACTED]  
[REDACTED]

RE: Facial Feminization Surgery  
Pre-Determination Reference # [REDACTED]

Dear Sabrina B. Duncan,

We received a request from Dr. Bounmany Kyle Keojampa on your behalf for facial feminization surgery. Please be advised that we are unable, according to the summary plan description language, to certify this request because the information submitted indicates that this surgery is for cosmetic purposes. Your Jack Henry & Associates Inc health benefit plan excludes coverage for "Cosmetic Treatment, Cosmetic Surgery, or any portion thereof, unless the procedure is otherwise listed as a covered benefit." Please refer to page 94, #16 of your plan document (copy attached) which outlines this topic.

Clinical rationale utilized in making the non-certification determination will be provided in writing upon your request. If Dr. Bounmany Kyle Keojampa would like a peer to peer discussion regarding the determination or if you wish to receive copies of all documents or other information related to this determination, please contact me at (855)576-9957 ext. 12959.

If you are in disagreement with this determination, you have a right to appeal. This appeal must be submitted within 180 days of the date of this letter. If this request is for an urgent service, you have the right to an expedited appeal. Upon exhaustion of your appeal rights, you have the right to pursue a civil action under section 502 (a) of the Employee Retirement Income Security Act as an alternative means of pursuing payment of your claim. Please refer to your Summary Plan Description for a full description of the appeal process. Your appeal should include any information or documentation you feel would be helpful in the re-evaluation of this case, and should be sent to the following address:

Care Coordinators by Quantum Health  
7450 Huntington Park Dr. Suite 100  
Columbus, OH. 43235  
Attention: Claim Appeals.  
Fax: 1-877-498-3681

Sincerely,

Lori, RN  
Nurse Care Coordinator  
Your Care Coordinators on behalf of Jack Henry & Associates Inc

cc: Dr. Bounmany Kyle Keojampa  
Patient File

## GENERAL EXCLUSIONS

Exclusions, including complications from excluded items, are not considered covered benefits under this Plan and will not be considered for payment as determined by the Plan.

The Plan does not pay for expenses incurred for the following, unless otherwise stated below. The Plan does not apply exclusions to treatment listed in the Covered Medical Benefits section based upon the source of the Injury when the Plan has information that the Injury is due to a medical condition (including both physical and mental health conditions) or domestic violence.

1. **3D Mammograms**, unless covered elsewhere in this SPD.
2. **Abortions:** Unless a Physician states in writing that the mother's life would be in danger if the fetus were carried to term, or unless the pregnancy is the result of incest or rape.
3. **Acts of War:** Injury or Illness caused or contributed to by international armed conflict, hostile acts of foreign enemies, invasion, or war or acts of war, whether declared or undeclared.
4. **Alternative / Complementary Treatment** including treatment, services or supplies for holistic or homeopathic medicine, hypnosis or other alternate treatment that is not accepted medical practice as determined by the Plan.
5. **Appointment Missed:** An appointment the Covered Person did not attend.
6. **Assistance With Activities of Daily Living.**
7. **Assistant Surgeon, Co-Surgeons, or Surgical Team Services**, unless determined to be Medically Necessary by the Plan.
8. **Before Enrollment and After Termination:** Services, supplies or treatment rendered before coverage begins or after coverage ends under this Plan.
9. **Biofeedback Services** except for acquired brain Injury or other behavior modification services.
10. **Blood:** Blood donor expenses.
11. **Blood Pressure Cuffs / Monitors**, unless covered elsewhere in this SPD.
12. **Breast Pumps**, unless covered elsewhere in this SPD.
13. **Cardiac Rehabilitation** beyond Phase II, including self-regulated physical activity that the Covered Person performs to maintain health that is not considered to be a treatment program.
14. **Claims** received later than 12 months from the date of service.
15. **Contraceptive Products and Counseling**, unless covered elsewhere in this SPD.
16. **Cosmetic Treatment, Cosmetic Surgery**, or any portion thereof, unless the procedure is otherwise listed as a covered benefit.
17. **Court-Ordered:** Any treatment or therapy that is court-ordered, or that is ordered as a condition of parole, probation, or custody or visitation evaluation, unless such treatment or therapy is normally covered by this Plan. This Plan does not cover the cost of classes ordered after a driving-while-intoxicated conviction or other classes ordered by the court.